

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37134

1. Entity Name

PARBEL OF FLORIDA, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90059 003 ***150.00

Principal Place of Business

5200 BLUE LAGOON DRIVE, SUITE 500
MIAMI FL 33126

Mailing Address

5200 BLUE LAGOON DRIVE, SUITE 500
MIAMI FL 33126-7002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-1247390

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER
210 SOUTH BISCAYNE BLVD.
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
NAME WEIL, GILLES
STREET ADDRESS 41 RUE MARTRE #92117
CITY-ST-ZIP CLICHY CEDEX, FRANCE

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WIRTH BRUNO
STREET ADDRESS 41 RUE MARTE #92117
CITY-ST-ZIP CLICHY CEDEX FR

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME NESPOLI, THOMAS
STREET ADDRESS 3411 SILVERSIDE RD, #202
CITY-ST-ZIP WILMINGTON DE

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME TREMBLEY, STEVEN
STREET ADDRESS 5200 BLUE LAGOON DR, #500
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME LAUZAT, ERIC
STREET ADDRESS 5200 BLUE LAGOON DRIVE # 500
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ANAVI, MORIS
STREET ADDRESS 41 RUE MARTRE #92117
CITY-ST-ZIP CLICHY CEDEX FR

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEVEN TREMBLEY 1-25-00 3052627500

CR2E034 (9/99)